COURAGE Chronicle

Courage Chronicle October 1999

PROFILES IN COURAGE

While the outstanding leadership and abilities of the Principal Investigator and the nursing skills and hard work of the Coordinators are the hallmarks of the sites that have randomized patients into the trial, the most courageous participants of all are the patients who have agreed to be randomized into the COURAGE Trial. In this issue of the Chronicle we focus on our patients, profiling the results they have achieved after nearly four months into the trial period.

During these early months, with 127 patients enrolled, there has been only one crossover to PCI. Many patients have reported a reduction in anginal pain, and some report substantial weight losses and reduced smoking. Looking at the results from four of the top enrolling centers, the quantitative indicators measuring changes in cardiac health for all patients (i.e., in both arms of the study) who have returned for their one, two or three month follow-ups are very encouraging. The LDLs have fallen 28% from a median value of 108 mg/dL to 77 mg/dL, systolic blood pressures have fallen six percent from 135 mmHg to 126 mmHg, and diastolic blood pressures have fallen four percent from 72 mmHg to 70 mmHg. HDLs have risen nine percent from 32 mg/dL to 36 mg/dL, while the median BMI has fallen, but by less than one percent from 30.0 to 29.8. For diabetic patients, the HbA1c has fallen 18% from 8.1% to 6.6%.

After only one to three months into the trial, ***the COURAGE patients are meeting all the goals except that for BMI*** . This goal, along with smoking cessation, is of course among the more difficult to reach in the short run, and helping our patients to make the necessary life-style changes will be one of the greatest challenges facing the coordinators and patients.

Profile of COURAGE Patients' Achievements in Meeting COURAGE

	LDL (mg/dL)	HDL (mg/dL)	SysBP (mmHg)	DiaBP (mmHg)	BMI	HbA1c (%)
GOAL	60 to 85	> 35	< 130	< 85	< 25.0; or –10%	< 7.0
CURRENT AVERAGE	77	36	126	70	29.8	6.6
% CHANGE	-28.4	+9.2	-6.3	-4.1	-0.8	-18.5

What do I do if My Patient Meets an Endpoint?

The primary endpoints of the COURAGE Trial are death and MI. Please refer to pages 61-65 of the Protocol (Section 13 of the Operations Manual) for follow-up data collection procedures and the definition of MI. The only time CKMBs are required for this trial is when a patient has a CABG procedure; CKMB is one criterion used by the end-points committee to determine if an MI has occurred. All consented and randomized patients are followed and treated with Aggressive Medical Therapy as outlined in the Protocol for the duration of the study ***regardless of whether they meet an endpoint***. This means all medications are still given and all forms are completed. If you have any questions concerning this, please call one of the Study Co-Chairman's office or the West Haven Coordinating Center.

"How do I document adverse events?"

As the trial proceeds, this question will be asked more frequently. Pam Hartigan and Carol Fye addressed this issue recently and, in their reply, distinguished three types of adverse events:

"**Drug (device) related.** Because all the medications in this study are licensed products being used for labeled indications, side effects in this trial are not treated in the usual manner. If a patient has one of the more common adverse effects of the study medications the occurrence, as well as action taken, if any, should be documented in the progress notes for the patient but does not need to be recorded by the study coordinator on study forms. The symptom distress scale, completed by the patient, is the study form on which the occurrences of the more common adverse effects of the study medications are being recorded. There is no attempt to link the effect to a drug on this form.

"If the adverse event is SERIOUS AND REASONABLY ATTRIBUTABLE to a study drug or device, it should be recorded on Form 18 and faxed immediately to the Pharmacy Coordinating Center in Albuquerque. It may also be documented on other study forms, e.g., Hospitalization.

"**Procedure related.** If there is an adverse event, common or serious, related to a procedure, it is recorded on Form 10—PCI. If this event is life-threatening or fatal, the Study Co-Chairman's office should be informed as soon as possible. The event may also be documented on other study forms, e.g., Report of Death.

"**Events not related to drugs, devices, or procedures.** Adverse events, such as hospitalization for unstable angina or the occurrence of an MI are documented on the Hospitalization Form. Death is documented on the Report of Death Form." *Site Coordinators may report SAEs on Form 18; neither the Principal Investigator nor a physician needs to sign Form 18 for this trial.*

PATIENT ENROLLMENT UPDATE

671	Audie Murphy VAMC – San Antonio	24
580	Houston VA Medical Center	15
506	Ann Arbor VA Medical Center	13
558	Durham VA Medical Center	9
598	John C. McClellan VA – Little Rock	8
202	London Health Sciences Centre	7
308	Mid America Heart Institute	6
210	The Toronto Hospital	5
663	Seattle VA Medical Center	6
501	Albuquerque VA Medical Center	5
311	SUNY Health Science Center at Syracuse	5
596	Lexington VA Medical Center	4
584	Iowa City VA Medical Center	3
302	Cleveland Clinic	3
626	Nashville VA Medical Center	3
508	Atlanta VA Medical Center	3
200	Foothills Hospital	2
304	Emory University Hospital	2
203	Montreal Heart Institute	2
313	University of Oklahoma	1
307	Christiana Care Health Systems	1
Total Patients as of 10/25/99:		**127**

Niaspan is Now Available

Educating your patients on the recommended use of Niaspan will lessen the flushing, itching and/or rash that they are otherwise likely to experience. Flushing is identified by a redness, tingling and/or a burning sensation in the neck, extending to the cheeks, chest, and/or upper extremities. A majority of the patients will flush once during the study, and up to six percent may eventually stop using Niaspan due to flushing. If the patient is currently taking niacin, a one-month wash-out period is advised. Patients should take Niaspan at night, thirty minutes after having taken a 325 mg aspirin and eaten a low-fat snack (e.g., fruit, whole wheat crackers, or yogurt). If the patient is already taking aspirin prophylactically, he/she should simply take that aspirin in the evening. If they wake up at night during a flushing experience, they should not be overly concerned and should get out of bed slowly. Taking a shower is recommended to relieve the symptoms. For further information, contact Rosemary Evans, Director of Clinical Research for Kos Pharmaceuticals, at 305-512-7029.

To edit the **Reminder Letters** in the Pentablet, contact Tenya or Liz in West Haven for help.